

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL018024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/05/2016
NAME OF PROVIDER OR SUPPLIER  CATAWBA VALLEY LIVING AT ROCK BARN		STREET ADDRESS, CITY, STATE, ZIP CODE 4174 SHOOK ROAD CONOVER, NC 28613			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 000	Initial Comments  This report is of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on January 5, 2016.  This facility was first licensed as a Home for the Aged serving 50 residents on 10/02/2004. Therefore the facility must meet the 2004 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 2002 North Carolina State Building Code - General Construction - Section 407 Institutional Occupancy (Group I-2).  Deficiencies were noted which will require a new Plan of Correction.	C 000			
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey.  Findings include: The Fire Marshall's Report was not available at the time of the survey.	C 111	The 2015 Fire Marshall Report was in the building during the survey. It is misdated as 3/3/14 instead of 3/3/15. A copy is attached. The signature of our maintenance person, Eric Franklin, is dated 3/3/15. Also attached is the 2014 Fire Marshall Report.	1-5-2016	
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 133			

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

*Russell R. Deason* Administrator 1/28/16



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C 183	Continued From page 2  suppression system in the kitchen indicates that monthly inspections are not being performed.	C 183		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation and review of records, fire drills were not conducted on each shift during each quarter.  Findings include: a. Records from 1st quarter of 2015 indicate no 1st shift drills were conducted. b. Records from 4th quarter of 2015 indicate no 2nd or 3rd shift drills were conducted.  Ensure all 3 shifts conduct a fire drill during each quarter.	C 185	Fire Drills will be conducted and documented for each shift each quarter. The Quality Assurance Committee will monitor this each quarter to ensure all drills are completed.	1-6-2016
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	<p>Continued From page 3</p> <p><b>REQUIREMENTS</b></p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <p>a. The corridor ceiling near room 201 has been damaged by a leak</p> <p>b. The Spa ceiling near room 201 has been damaged by a leak</p> <p>c. In the corridor near the Soiled Utility room at room 215 the wall and ceiling joint is separating.</p> <p>d. In the Clubhouse the ceiling is split open and there is mildew growing around the HVAC vents.</p> <p>e. In the Dining Room the ceiling is split open.</p> <p>f. The Boiler Room has an unprotected ceiling penetration, and an open sleeve in the ceiling.</p> <p>g. The Clean Linen room at room 118 has an unprotected ceiling penetration.</p> <p>h. The Laundry Room has unprotected ceiling penetrations at the gas line and the camera, and there is wall damage at the eye wash station.</p> <p>i. There is an unprotected ceiling penetration by PVC in the Soiled Utility room near room 114.</p> <p>j. The Med Room door is being held open.</p> <p>These unprotected openings are not in</p>	C 189	<p>a,b,c,d,e.</p> <p>Choice Health Universal Construction will repair sheetrock damage. Scheduled to start February 1<sup>st</sup>. Completion estimated on February 19<sup>th</sup>.</p> <p>f,g,h,i.</p> <p>1-14-2016</p> <p>Ceiling penetrations in the Boiler Room, Clean Linen Room, Laundry Room and Soiled Utility Room have been repaired, with the proper fire stop material.</p> <p>j. The Medication Technicians 1-18-16 have been inserviced on keeping the Med Room door closed at all times.</p>		



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C 191	Continued From page 5 Resident Care Director office.	C 191			



1103A

## CONOVER FIRE DEPARTMENT

PO BOX 549, CONOVER NC 28613

PHONE: 828-464-1295 FAX: 828-464-1253



## FIRE INSPECTIONS AND PERMITS

BUSINESS NAME Catawba Valley Assn Living DATE 3/3/14  
 STREET ADDRESS 4174 Shook Rd  
 REPRESENTATIVE \_\_\_\_\_ PHONE \_\_\_\_\_  
 TYPE/ USE OF OCCUPANCY Residential  
 OCCUPANCY: NEW \_\_\_\_\_ EXISTING \_\_\_\_\_  
 INSPECTOR B.W. Neelrick

VIOLATION OR HAZARD:

Have sprinkler tested

PERMITS/ FEES INVOICE

\$100.00

VIOLATION OR HAZARD:

VIOLATION OR HAZARD:

VIOLATION OR HAZARD:

VIOLATION OR HAZARD:

The above hazards and violations have been explained to me. I understand that I am required to correct these deficiencies immediately in accordance with all applicable laws and regulations. All violations must be corrected within 20 days. I am to send the pink copy of this form along with any applicable fees to the above address for a final inspection.

Signed

Eric Smith

Title

Maintenance Director

Date

3-3-14

<input checked="" type="checkbox"/>	Inspection	
<input checked="" type="checkbox"/>	Auto Fire Ext. System	
<input checked="" type="checkbox"/>	Auto Sprinkler System	
<input checked="" type="checkbox"/>	Fire Alarm System	
<input checked="" type="checkbox"/>	Compressed Gas	
	Combustible dust-producing operations	
	Covered mail	
<input checked="" type="checkbox"/>	Fire pumps and related equipment	
	Flammable/ combustible liquids	
	Fueled equipment in assembly bldg.	
	Hazardous Materials	
	Industrial Ovens	
	Private Fire Hydrants	
	Spraying or Dipping	
	Standpipe System	
	Standby services	
	Apparatus/ Personnel/ Supplies	
	Exhibits/ Trade Shows	
	Fire Flow Test	
	Fumigation/ Thermal Insecticidal Fogging	
	Temporary membrane / Tents	
	Explosives/ Pyrotechnics	
	Operational Use:	
	Amusement/ Carnival/ Exhibit/ Fair	

Bobby 320-5337

**CONOVER FIRE DEPARTMENT**
 PO BOX 549, CONOVER NC 28613  
 PHONE: 828-464-1295 FAX: 828-464-1253
**FIRE INSPECTIONS AND PERMITS**

BUSINESS NAME Catawba Valley Assisted Living DATE 3/10/14  
 STREET ADDRESS 4174 Shook Rd  
 REPRESENTATIVE \_\_\_\_\_ PHONE \_\_\_\_\_  
 TYPE/ USE OF OCCUPANCY 1  
 OCCUPANCY: NEW \_\_\_\_\_ EXISTING ✓  
 INSPECTOR B.W.

 VIOLATION OR HAZARD:  
No Violations @  
Inspection

 VIOLATION OR HAZARD:  
 \_\_\_\_\_  
 \_\_\_\_\_

 VIOLATION OR HAZARD:  
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 VIOLATION OR HAZARD:  
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 VIOLATION OR HAZARD:  
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**PERMITS/ FEES INVOICE** 1400

<input checked="" type="checkbox"/>	Inspection	
<input checked="" type="checkbox"/>	Auto Fire Ext. System	
<input checked="" type="checkbox"/>	Auto Sprinkler System	
<input checked="" type="checkbox"/>	Fire Alarm System	
<input checked="" type="checkbox"/>	Compressed Gas	
	Combustible dust-producing operations	
	Covered mall	
	Fire pumps and related equipment	
	Flammable/ combustible liquids	
	Fueled equipment in assembly bldg.	
	Hazardous Materials	
	Industrial Ovens	
<input checked="" type="checkbox"/>	Private Fire Hydrants	
	Spraying or Dipping	
	Standpipe System	
	Standby services	
	Apparatus/ Personnel/ Supplies	
	Exhibits/ Trade Shows	
	Fire Flow Test	
	Fumigation/ Thermal Insecticidal Fogging	
	Temporary membrane / Tents	
	Explosives/ Pyrotechnics	
	Operational Use:	
	Amusement/ Carnival/ Exhibit/ Fair	

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_